GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3244
ANSWERED ON:12.03.2003
ROLE OF NACO
AMBATI BRAHMANAIAH

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the extent to which National AIDS Control Organisation (NACO) is likely to help to control AIDS in the country;

(b) the details of the efforts made by NACO to control AIDS in various parts of the country;

(c) whether the Government have issued any guidelines to NACO to strengthen its activities; and

(d) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE(SHRI A.RAJA)

(a) The National AIDS Control Organisationhas been conducting nation-wide sentinel surveillance to track the spread of HIV infection in the country. The data obtained is also used for estimation of total HIV infections taking into consideration certain assumptions arrived at after consultation with national and international experts. The HIV estimates were: 3.5 million in 1998;3.7 million in 1999; 3.86 million in 2000; and 3.97 million in the year 2001; indicating that there has been no upsurge in the spread of HIV infection in the country. However, even this number is a cause for concern and there can be no slackening of efforts to prevent and control the spread of this disease. With the ongoing comprehensive National AIDS Control Programme being implemented in the entire country, we are confident that the HIV epidemic will begin to plateau soon.

(b) The National AIDS Control Organisation (NACO) was set up in 1992 under the Ministry of Health & Family Welfare to implemen the National AIDS Control programme in the country.The main role of NACO is to provide policy and technical leadership; standard setting; national HIV surveillance; monitoring and evaluation; operational research & development; and overall financial management. The National AIDS ControlOrganisation is implementing a comprehensive National AIDS Control programme through States AIDS Control Societies in the entire country with the following components:

- Preventive interventions for high risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling and behaviour change communication.

- Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, information education and communication (IEC) and awareness building among adolescents.

- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

- Collaborative efforts to promote inter-sectoral programme activities including interventions and public-private partnerships.

- Building technical and managerial capacities for programme implementation through surveillance, training, monitoring & evaluation, technical resource groups, operational research and programme management.

(c) and (d) Government of India has approved the National AIDS Prevention & Control Policy and the National Blood Policy in April 2002 with the aim of adopting a more holistic approach towards prevention and control of HIV/AIDS, while looking at HIV/ AIDS as a developmental problem and not as a public health issue. The National AIDS Control Policy principally aims at the following strategies for prevention and control of AIDS:

1. Prevention of further spread of the disease by:

(i) making the people aware of its implications and provide them with the necessary tools for protecting themselves;

(ii) controlling sexually transmitted diseases among vulnerable sections together with promotion of condom use as a preventive measure;

(iii) ensuring availability of safe blood and blood products; and

(iv) reinforcing the traditional Indian moral values among youth and other impressionable groups of population.

2. To create an enabling socio-economic environment so that all sections of population can protect themselves from the infection and families and communities can provide care and support to people living with HIV/ AIDS.

3. Improving services for the care of people living with AIDS in time of sickness both in hospitals and at homes through community healthcare.